

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

John R Gieseler
Lori A Gieseler
Debtor(s)

Case No. 16-04356

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/11/2016.
- 2) The plan was confirmed on 04/08/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 11/04/2016.
- 6) Number of months from filing to last payment: 6.
- 7) Number of months case was pending: 9.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$10,215.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$2,700.00
Less amount refunded to debtor	\$62.71

NET RECEIPTS: **\$2,637.29**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$116.10
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$116.10**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALLY FINANCIAL	Secured	0.00	0.00	0.00	0.00	0.00
AMERICREDIT FINANCIAL DBA GM I	Secured	0.00	0.00	0.00	0.00	0.00
AMITA HEALTH ADVENTIST MEDIC/	Unsecured	NA	1,650.37	1,650.37	0.00	0.00
BANK OF AMERICA	Unsecured	6,500.00	6,783.24	6,783.24	242.18	0.00
BANK OF AMERICA	Unsecured	1,000.00	1,118.22	1,118.22	39.92	0.00
BANK OF THE WEST	Secured	0.00	0.00	0.00	0.00	0.00
BECKET & LEE LLP	Unsecured	2,400.00	2,572.70	2,572.70	91.85	0.00
CAPITAL ONE BANK USA	Unsecured	2,900.00	3,108.68	3,108.68	110.99	0.00
CAPITAL ONE BANK USA	Unsecured	10,000.00	10,602.22	10,602.22	378.53	0.00
CAPITAL ONE BANK USA	Unsecured	4,700.00	5,073.34	5,073.34	181.13	0.00
CAPITAL ONE BANK USA	Unsecured	5,500.00	5,904.28	5,904.28	210.80	0.00
CENLAR FSB	Secured	0.00	0.00	0.00	0.00	0.00
COMENITY BANK	Unsecured	1,700.00	1,802.32	1,802.32	64.35	0.00
DEPARTMENT STORE NATIONAL BA	Unsecured	1,000.00	1,030.97	1,030.97	36.81	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	4,575.00	4,945.09	4,945.09	176.55	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	4,004.04	4,004.04	4,004.04	142.95	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	3,980.99	3,980.99	3,980.99	142.13	0.00
MIDLAND CREDIT MGMT AGENT FO	Unsecured	NA	1,020.00	1,020.00	36.42	0.00
MIDLAND CREDIT MGMT AGENT FO	Unsecured	NA	1,469.87	1,469.87	52.48	0.00
MIDLAND CREDIT MGMT AGENT FO	Unsecured	NA	597.75	597.75	21.34	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	5,710.00	6,698.73	6,698.73	239.16	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	477.00	838.53	838.53	29.94	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	1,950.00	2,163.37	2,163.37	77.24	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	700.00	902.32	902.32	32.22	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	3,870.00	4,354.98	4,354.98	155.48	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	1,500.00	1,644.61	1,644.61	58.72	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
PRESENCE HEALTH	Unsecured	417.56	106.27	106.27	0.00	0.00
STATE COLLECTION SERVICE	Unsecured	523.20	NA	NA	0.00	0.00
CAPITAL ACCOUNTS	Unsecured	875.00	NA	NA	0.00	0.00
ATG CREDIT	Unsecured	172.00	NA	NA	0.00	0.00
ATI PHYSICAL THERAPY	Unsecured	3,600.00	NA	NA	0.00	0.00
CARD MEMBER SERVICE	Unsecured	1,152.94	NA	NA	0.00	0.00
CARD MEMBER SERVICE	Unsecured	300.00	NA	NA	0.00	0.00
CATON CROSSING DENTAL	Unsecured	774.00	NA	NA	0.00	0.00
CREDITORS COLLECTION BUREAU	Unsecured	106.27	NA	NA	0.00	0.00
EDWARDS HOSPITAL	Unsecured	1,715.78	NA	NA	0.00	0.00
HEARTLAND CARDIOVASCULAR CT	Unsecured	326.06	NA	NA	0.00	0.00
MERCHANTS CREDIT	Unsecured	800.64	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	1,995.00	NA	NA	0.00	0.00
PHYSICIANS IMMEDIATE CARE	Unsecured	155.04	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$72,372.89	\$2,521.19	\$0.00

Disbursements:

Expenses of Administration	<u>\$116.10</u>	
Disbursements to Creditors	<u>\$2,521.19</u>	
TOTAL DISBURSEMENTS :		<u>\$2,637.29</u>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 11/22/2016

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.